

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043598

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 967

967

Primary Registration District No. 3049

3049

Registrar's No. 207

207

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10791

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131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

FILED NOV 26 1962

1. PLACE OF DEATH

a. COUNTY

Pemiscot

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Hayti

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY New Madrid

c. CITY OR TOWN Portageville

Inside Limits  
Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Pemiscot Memorial Hosp.

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm  
Yes ☒ No ☐

3. NAME OF DECEASED  
(Type or print)

First

Lee

Middle

Anna

Last

Blackshaw

4. DATE OF DEATH

Month November

Day 11

Year 1962

5. SEX

Female

6. COLOR OR RACE

Black

7. Married ☐ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11/7/1904

9. AGE (last birthday)

58

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Housework

11. BIRTHPLACE (City and state or country)

Arkansas

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Robert Carter

13b. MOTHER'S MAIDEN NAME

Mary

14. NAME OF HUSBAND OR WIFE

Sam Blackshaw

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Sam Blackshaw

Portageville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary Embolism

INTERVAL BETWEEN ONSET AND DEATH

6h

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Thrombosis of Leg

3wks

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☐ No

☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-11-62 to 11-11-62 and last saw him alive on 11-11-62

Death occurred at 11-11-62 7:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Daniel R. Hensley MD

22b. ADDRESS

Galbreath

22c. DATE SIGNED

11/14/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

11/18/1962

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

Marianna

Arkansas

24. FUNERAL DIRECTOR

ADDRESS

DeLisle Funeral Home

Portageville, Mo.

25. DATE RECD. BY LOCAL REG.

11-16-62

26. REGISTRAR'S SIGNATURE

Charlotte E. Sloan

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Joseph A. English*  
4481

Licensed Embalmer No.

P. O. Address

*Portsmouth, N.H.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.